



July 18, 2016

Project No: **RPQ P0191**

Project Title: **One-Year Countywide Contract for Rehabilitation of Manholes Inflow and Infiltration**

The above-referenced contract is being considered for small business Set Aside contract measure. **PLEASE NOTE THAT YOUR PARTICIPATION IN THE AVAILABILITY TO BID PROCESS IS VITAL IN ORDER FOR MEASURES TO BE PLACED ON THIS PROJECT.** If you are interested in participating as a Small Business Enterprise – Construction (SBE/CONS) firm to perform work in connection with this project and meet the requirements listed in this letter, please complete and return the attached Verification of Availability to Bid by **10:00 AM, THURSDAY, JULY 21, 2016.**

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or via email to caesars@miamidade.gov**. If you have any questions, please contact me at (305) 375-3141.

Sincerely,

Caesar Suarez
SBD Capital Improvement Project Specialist
Small Business Development Division
Miami-Dade County Internal Services Department
111 NW 1st Street, 19th Floor, Miami, FL 33128
☎Office: (305) 375-3141 | 📠Fax: (305) 375-3160
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<http://www.miamidade.gov/internalservices/small-business.asp>

Please access the Project Review Process at <http://www.miamidade.gov/smallbusiness/projects-under-review.asp>

VERIFICATION OF AVAILABILITY TO BID

INTERNAL SERVICES DEPARTMENT (ISD)
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM
111 N.W. 1ST STREET, 19th FLOOR
MIAMI, FLORIDA 33128
PHONE: 375-3111 **FAX: 375-3160**

PROGRAM COORDINATOR: **Caesar Suarez**

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

CONTRACT TITLE: **One-Year Countywide Contract for Rehabilitation of Manholes Inflow and Infiltration.**

PROJECT NUMBER: **RPQ P0191**

Estimated Contract Amount: **\$863,885.00**

(Scope of work and minimum requirements for this project is attached.)

NAME OF SMALL BUSINESS ENTERPRISE CONSTRUCTION FIRM (SBE/CONS)

ADDRESS

CITY

ZIP CODE

Certification Expires: _____
DATE

Telephone: _____ *****Bonding Capacity:** _____

PRINT NAME AND TITLE

SIGNATURE OF COMPANY REPRESENTATIVE

DATE

Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards

VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: One-Year Countywide Contract for
Rehabilitation of Manholes Inflow and Infiltration.

PROJECT NUMBER: RPQ P0191

ESTIMATED AMOUNT: \$863,885.00

SCOPE OF WORK:

This project consists of furnishing all labor, material and equipment for rehabilitation of approximately 500 manholes anywhere within the limits of Miami-Dade County, Florida, as ordered by the Department during a one year period. The work of the manhole rehabilitation shall include, but not be limited to, furnishing and installing concrete protective coating; high pressure cleaning; surface preparation; sealing leaks with chemical injection grout by drilling thru the manhole; sandblasting, if required; concrete repair and restoration; restoring manhole to the original shape or as otherwise approved by Engineer; grouting voids; cleaning and restoring exposed reinforcing; applying cement underlayment; restoring manhole bench and flow channels; furnishing and installing plugs, thru plugs and thru pipe as required; bypass pumping of sewage, if necessary; traffic control; legal disposal of debris; furnishing and utilizing all required safety equipment; post-rehabilitation video inspection; and all other miscellaneous and appurtenant work for a complete manhole rehabilitation.

Can your firm provide the scope of services referenced above?

Yes or No

PRE-APPROVED PRODUCTS LIST:

Available Manufacturers: Subject to compliance with requirements, manufacturers offering systems That may be incorporated in the Work include, but are not limited to, the following:

1. Uroflex as manufactured by Epoxytec International
2. PPC as Manufactured by Polymorphic Polymers Corporation
3. SP15 Spray Mortar, Sewer Guard HBS 100 Epoxy Liner by BASF
4. Permaform MS-10,000 Fortified with ConShield or Cor-Guard Epoxy
5. SprayRoq, Spray Wall and SprayShield GT Coating
6. GEOKRETE as manufactured by Quadex
7. Or approved equal.

Is your firm familiar with the Pre-Approved Products List from WASD?

Yes or No

QUALIFICATIONS OF BIDDERS:

The Contractor shall have completed a minimum of (450) Four Hundred Fifty manhole rehabilitations or similar structures within the past 10 years. Verifiable references are required with Project Name, Organization Name, Contact Person, Phone Number, Date of Work and Work Performed. Submit experience history with a minimum of two references along with the bid. The work shall have been completed with the Contractor's own forces or key personnel. The experience of key senior personnel with other firms may be counted toward the experience requirement, if acceptable to the Engineer. Should such evidence not be satisfactory to the Engineer, whose decision shall be final, the bid will be considered non-responsive, and the second low bidder will be considered for award.

In the event a firm consists of executives, supervisors and other senior field staff (key employees) that would have met these minimum experience requirements with a prior firm, the Miami-Dade Water and Sewer Department reserves the right to qualify the firm based on WASD's sole determination and evaluation of the knowledge and prior experience of these key employees employed by the new firm. All product applicators must conform with the product manufacturer's application requirements and techniques and shall be certified by such manufacturer.

Has your firm completed a minimum of 450 manhole rehabilitations or similar structures within the past 10 years?

☐ Yes or ☐ No

Does your firm have staff or key personnel with experience with manhole rehabilitations or similar structures within the past 10 years?

☐ Yes or ☐ No

LICENSES:

One of the following types of licenses required are: State of Florida General Contractor, General Builder, Underground Utility and Excavation, Pipeline Engineering Contractor, General Engineering Contractor or any other category as applicable by Chapter 489 of the Florida Statutes or Chapter 10 of Miami-Dade County Code.

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified vendors that “comply” to provide the aforementioned scope of work. Indicate yes “Y” or no “N” on the empty line on the left side of this questionnaire and forward it completely filled out to this e-mail address: caesars@miamidade.gov or via fax (305) 375-3160 attention Caesar Suarez.

_____ Proposer (PRIME) has experience completing projects with a similar size and scope as this project, meets the requirements to qualify and can perform the work as required.

_____ Subcontractor (SUB) has experience similar scopes of work and can perform portions of the required work as required.

_____ PRIME/SUB **DOES NOT** have experience completing projects with similar size and scope as this project and DOES NOT meet the requirements as indicated in the contract.

I certify that to the best of my knowledge all the information provided is verifiable and correct.

COMPANY NAME: _____

NAME OF REPRESENTATIVE: _____

TITLE: _____ SIGNATURE: _____

TELEPHONE NUMBER: _____ E-Mail Address: _____

PLEASE LIST YOUR FIRMS HISTORY OF SIMILAR PROJECTS, REASON(s) WHY YOUR FIRM DOES NOT MEET THE EXPERIENCE REQUIREMENTS (IF APPLICABLE) AND ANY COMMENTS YOU MAY HAVE ON THE NEXT PAGE

SIMILAR PROJECTS AS PRIME OR SUB-CONTRACTOR

Please list your firm's history of "Projects with Similar Scopes of Services":

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$_____

Scope of Service(s):

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$_____

Scope of Service(s):

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$_____

Scope of Service(s):

REASONS & COMMENTS
